

County: Chippewa
 CORNELL AREA CARE CENTER
 320 NORTH 7TH STREET

Facility ID: 2390

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CORNELL 54732 Phone:(715) 239-6288
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 50
 Total Licensed Bed Capacity (12/31/02): 50
 Number of Residents on 12/31/02: 49

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 48

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
Home Health Care	No		Primary Diagnosis	%		Age Groups	%		Less Than 1 Year	46.9
Supp. Home Care-Personal Care	No		-----	-----		-----	-----		1 - 4 Years	32.7
Supp. Home Care-Household Services	No		Developmental Disabilities	2.0		Under 65	6.1		More Than 4 Years	20.4
Day Services	No		Mental Illness (Org./Psy)	16.3		65 - 74	6.1		-----	-----
Respite Care	No		Mental Illness (Other)	2.0		75 - 84	34.7		-----	100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0		85 - 94	42.9		*****	-----
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0		95 & Over	10.2		Full-Time Equivalent	-----
Congregate Meals	Yes		Cancer	2.0		-----	-----		Nursing Staff per 100 Residents	-----
Home Delivered Meals	No		Fractures	4.1		-----	100.0		(12/31/02)	-----
Other Meals	No		Cardiovascular	12.2		65 & Over	93.9		-----	-----
Transportation	No		Cerebrovascular	8.2		-----	-----		RNs	8.0
Referral Service	No		Diabetes	6.1		Sex	%		LPNs	7.2
Other Services	Yes		Respiratory	8.2		-----	-----		Nursing Assistants,	-----
Provide Day Programming for			Other Medical Conditions	38.8		Male	32.7		Aides, & Orderlies	32.4
Mentally Ill	No		-----	-----		Female	67.3		-----	-----
Provide Day Programming for			100.0	-----		-----	-----		-----	-----
Developmentally Disabled	No		-----	-----		-----	100.0		-----	-----

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care		
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Skilled Care	3	100.0	302	30	93.8	102	0	0.0	0	13	92.9	138	0	0.0	0	0	0.0	0	46	93.9
Intermediate	---	---	---	1	3.1	87	0	0.0	0	1	7.1	120	0	0.0	0	0	0.0	0	2	4.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	3.1	144	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		32	100.0		0	0.0		14	100.0		0	0.0		0	0.0		49	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			

Percent Admissions from:		Activities of	%	% Needing Assistance of	Total Number of
		Daily Living (ADL)	Independent	One Or Two Staff	Residents
Private Home/No Home Health	11.0	Bathing	0.0	77.6	49
Private Home/With Home Health	2.7	Dressing	16.3	67.3	49
Other Nursing Homes	15.1	Transferring	30.6	63.3	49
Acute Care Hospitals	68.5	Toilet Use	30.6	63.3	49
Psych. Hosp.-MR/DD Facilities	0.0	Eating	42.9	40.8	49
Rehabilitation Hospitals	0.0	*****			
Other Locations	2.7				
Total Number of Admissions	73	Continence	%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	4.1	Receiving Respiratory Care	26.5
Private Home/No Home Health	26.1	Occ/Freq. Incontinent of Bladder	67.3	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	30.4	Occ/Freq. Incontinent of Bowel	63.3	Receiving Suctioning	2.0
Other Nursing Homes	8.7	Mobility		Receiving Ostomy Care	0.0
Acute Care Hospitals	2.9			Receiving Tube Feeding	2.0
Psych. Hosp.-MR/DD Facilities	0.0			Receiving Mechanically Altered Diets	36.7
Rehabilitation Hospitals	0.0	Physically Restrained	0.0	Other Resident Characteristics	
Other Locations	1.4	Skin Care		Have Advance Directives	79.6
Deaths	30.4	With Pressure Sores	8.2	Medications	
Total Number of Discharges		With Rashes	0.0	Receiving Psychoactive Drugs	67.3
(Including Deaths)	69				

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	84.7	1.13	87.1	1.10	85.3	1.13	85.1	1.13
Current Residents from In-County	81.6	81.6	1.00	81.5	1.00	81.5	1.00	76.6	1.07
Admissions from In-County, Still Residing	24.7	17.8	1.39	20.0	1.23	20.4	1.21	20.3	1.21
Admissions/Average Daily Census	152.1	184.4	0.82	152.3	1.00	146.1	1.04	133.4	1.14
Discharges/Average Daily Census	143.8	183.9	0.78	153.5	0.94	147.5	0.97	135.3	1.06
Discharges To Private Residence/Average Daily Census	81.3	84.7	0.96	67.5	1.20	63.3	1.28	56.6	1.44
Residents Receiving Skilled Care	93.9	93.2	1.01	93.1	1.01	92.4	1.02	86.3	1.09
Residents Aged 65 and Older	93.9	92.7	1.01	95.1	0.99	92.0	1.02	87.7	1.07
Title 19 (Medicaid) Funded Residents	65.3	62.8	1.04	58.7	1.11	63.6	1.03	67.5	0.97
Private Pay Funded Residents	28.6	21.6	1.32	30.0	0.95	24.0	1.19	21.0	1.36
Developmentally Disabled Residents	2.0	0.8	2.56	0.9	2.22	1.2	1.73	7.1	0.29
Mentally Ill Residents	18.4	29.3	0.63	33.0	0.56	36.2	0.51	33.3	0.55
General Medical Service Residents	38.8	24.7	1.57	23.2	1.67	22.5	1.72	20.5	1.89
Impaired ADL (Mean)	45.3	48.5	0.93	47.7	0.95	49.3	0.92	49.3	0.92
Psychological Problems	67.3	52.3	1.29	54.9	1.23	54.7	1.23	54.0	1.25
Nursing Care Required (Mean)	9.4	6.8	1.39	6.2	1.52	6.7	1.40	7.2	1.31